

12-30-04

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Docket No.: 20269/1201776-US2

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Jay D. KRANZLER et al.

Application No.: 10/623,431

Filing Date: July 18, 2003

For: METHODS OF TREATING FIBROMYALGIA

SYNDROME, CHRONIC FATIGUE

SYNDROME AND PAIN

Group Art Unit: 1614

Examiner: Rebecca COOK

RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

This responds to the Office Action mailed September 29, 2004.

Amendments to the claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 12 of this paper.

01/04/2005 AWDNDAF1 00000004 10623431

01 FC:2201 02 FC:2202

400.00 OP

500.00 OP



AMENDMENT TRANSMITTAL LETTER

Docket No. 20269/1201776-US2

Application No.	Filing Date	Examiner	Art Unit
10/623,431	July 18, 2003	R. Cook	1614

Applicant(s): Jay D. KRANZLER et al.

Invention: METHODS OF TREATING FIBROMYALGIA SYNDROME, CHRONIC FATIGUE

SYNDROME AND PAIN

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate	
otal Claims	50	- 30 =	20	Х	25.00	500.00
ndependent Claims	7	- 3 =	4	х	100.00	400.00
Multiple Depen	dent Claims (ch	eck if applicabl	e)			
Other fee (plea	se specify):	nformation Discl	osure Stateme	nt		180.00
TOTAL ADDIT	TIONAL FEE FO	OR THIS AME	NDMENT:			1,080.00
Large Entity			_	X	Small Entit	
No addition	al fee is require	d for this amer	ndment			
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X A check in t	the amount of \$	1,080.00	to cover	the filin	g fee is en	closed.
Payment by	credit card. F	orm PTO-2038	is attached.			
The Directors as describe	or is hereby auth ed below.	norized to char	ge and credit	Deposi	t Account	No. <u>04-0100</u>
x Credit a	any overpaymer	nt.				
X Charge	any additional fil	ing or applicatio	n processing t	fees rea	uired under	r 37 CFR 1.16 and 1.1
	11		p. coccog			
1/1	11/2/				Dated:	December 29, 2004
Paul M. Zagar, Attorney Reg.						,
DARBY & DAF	RBY P.C.					
P.O. Box 5257	•					
•	w York 10150-	5257				
(212) 527-777	0					

PTO/SB/17 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
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Effective on 12/08/2004.			Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Nun	nber	10/623,431			
FEE TRANSMITTAL [Filing Date		July 18, 2003			
For FY 2005			First Named Inv	entor	Jay D. KRANZLER		
FOLL TO THE TOTAL			Examiner Name	Name Rebecca COOK			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	t Unit 1614			
TOTAL AMOUNT OF PAYM	ENT	(\$) 1,080.00	Attorney Docket	No.	20269/1201776-US2		
METHOD OF PAYMENT	(check all	that apply)					
X Check Credit Card Money Order None Other (please identify):							
Deposit Account De	eposit Account	Number: 04-0100	_ Deposit Account Na	me:	Darby & D	arby P.C.	
For the above-identific	ed deposit	account, the Director is	s hereby authorize	ed to: (che	ck all that apply)		
Charge fee(s) ir	ndicated be	elow	Charge	e fee(s) inc	dicated below, ex	cept for the	filing fee
Charge any add fee(s) under 37		(s) or any underpayme and 1.17	nt of X Credit	any overpa	ayments		
FEE CALCULATION							
1. BASIC FILING, SEARCH,	AND EXA	MINATION FEES				*	
	FILIN		ARCH FEES	EXAMIN	NATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	id (\$)
Utility	300	150 500	250	200	100		
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80		
Reissue	300	150 500	250	600	300		
Provisional	200	100 0	0	0	0		
2. EXCESS CLAIM FEES Small Entity							
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25							
Each independent claim over	3 or, for F	Reissues, each indepen	dent claim more t	han in the	original patent	200	100
Multiple dependent claims						360	180
		Paid (\$) Multiple Dependent Claims					
50 -=20	x _	25.00 = 50	00.00	<u>Fe</u>	ee (\$) <u>F</u>	ee Paid (\$)	
			<i>(</i> 4)				. [
Indep. Claims Extra Cl			Paid (\$)				
7 =4 × 100.00 =400.00							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = /50 (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							
Other: Information Disclosure Statement 180.00							
SUBMITTED BY							
Signature	//L <		Registration No. (Attorney/Agent)	52,392	Telephone	(212) 527	-7700
Name (Print/Type) Paul M. Z	Name (Print/Type) Paul M. Zagar, M.D. Date December 29, 2004					9, 2004	

ication No. (if known): 10/623,431

Attorney Docket No.: 20269/1201776-US2

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MS Amendment **Commissioner for Patents** P.O. Box 1450 Alexandria, VA 22313-1450

December 29, 2004 Date

A. Soun	uni
Signar	Aini
Typed or printed name of p	erson signing Certificate
Registration Number, if applicable	Telephone Number

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Amendment Transmittal (1 page) Response to Office Action (16 pages) Supplemental Information Disclosure Statement (2 pages) PTO/SB/08a/b (1 page) & 11 References

Fee Transmittal FY 2005 (1 page) Check #<u>7(5)</u>, \$ /080.00 Return Receipt Postcard